

June 3, 2025

The Honorable Brett Guthrie  
Chair  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Jason Smith  
Chair  
Committee on Ways and Means  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
Washington, D.C. 20515

Dear Chairman Guthrie, Chairman Smith, Ranking Member Pallone, and Ranking Member Neal:

On April 10, the *Medicare Audiology Access Improvement Act* (H.R. 2757), which would decrease the quality of hearing healthcare for Medicare beneficiaries across the United States, was introduced and referred to your committees for consideration. This legislation would significantly compromise patient care by reclassifying audiologists as Medicare providers and expanding their scope of practice beyond their educational training and clinical competencies, resulting in increased healthcare costs, potential misdiagnosis of serious medical conditions, and undermining the physician-led, team-based approach that ensures comprehensive care for our nation's seniors. **The undersigned groups strongly urge you to oppose H.R. 2757.**

We appreciate both committees' ongoing dedication to patient safety and ensuring high-quality healthcare for Medicare beneficiaries. As medical specialty societies, these are our areas of focus as well. H.R. 2757 would undermine these critical goals by removing the necessary physician oversight required in the diagnosis and management of hearing loss among Medicare beneficiaries. Without a proper medical assessment, reversible causes of hearing loss may go undetected or misdiagnosed, potentially leading to permanent hearing damage. This legislation is not only detrimental to patient outcomes but would also increase the financial burden on both individual beneficiaries and the Medicare program through unnecessary treatments and avoidable complications that result from bypassing physician evaluation.

For example, audiologists are not trained to diagnose a patient with certain medical causes of hearing loss, such as a tumor pressing on the vestibular nerve of the ear. They are also not adequately trained to identify subtle signs of trauma or abnormalities, such as a perforated eardrum. Should patients receive care from an audiologist before being medically evaluated by a physician, these severe causes of hearing loss will go undiagnosed and untreated and will inadvertently cause further harm.

While audiologists are valued healthcare professionals who work for and with physicians, they do not possess the medical training necessary to perform the same duties as physicians, nor can they provide patients with the medical diagnosis and full spectrum of treatment options required. **Audiologists are not physicians and should not be treated as such under the Medicare program.**

Granting nonphysician providers the ability to treat patients without physician referral will also [drive up costs](#). Studies have shown that nonphysician providers [increase utilization of healthcare resources](#), require longer consultations and more follow-ups, increase clinical staff time, order more tests, and have [poorer quality of referrals](#) to specialists.

On the other hand, [studies show](#) that nonphysician providers deliver excellent quality care, *when done under the supervision of a physician*. These positive outcomes prove the value of the physician-led, healthcare team model.

Furthermore, [surveys show](#) 95% of patients want a physician involved in their diagnosis and treatment. With eight years of formal education, a minimum five-year residency, and at least 15,000 hours of clinical training, otolaryngologist-head and neck surgeons are the most qualified clinicians to diagnose and treat ear, nose, and throat conditions—and are trained to lead a care team. A physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients.

Despite claims that expanding the scope of practice for nonphysicians will address workforce shortages, H.R. 2757 will not increase patient access, even in rural and underserved areas. Physicians and nonphysicians tend to [practice in the same areas](#), and these findings are confirmed by [multiple studies](#), including state workforce studies. States that have allowed nonphysician providers to operate with greater autonomy have not seen an increase in access to care for their rural populations. Nonphysician providers do not live and work in rural and underserved areas at higher rates than physicians. Even if the patient safety and cost concerns were set aside, this legislation would still fail to deliver on its core promise of enhancing access to care.

For these reasons, **we strongly urge you to oppose any efforts to advance H.R. 2757**. The physician-led model of care remains essential for ensuring Medicare beneficiaries receive proper diagnosis, appropriate treatment, and the highest standard of hearing healthcare. Thank you for your consideration, and if you have any questions, please contact the American Academy of Otolaryngology–Head and Neck Surgery’s Director of Advocacy, Harry DeCabo, at [hdecabo@entnet.org](mailto:hdecabo@entnet.org) or (703) 535-3695.

Sincerely,

### **National Organizations**

American Academy of Otolaryngology - Head and Neck Surgery  
Administrator Support Community for ENT (ASCENT)  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Otolaryngic Allergy  
American Association of Child and Adolescent Psychiatry  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Surgeons  
American Medical Association  
American Neurotology Society  
American Orthopaedic Foot & Ankle Society  
American Osteopathic Colleges of Otolaryngology - Head and Neck Surgery  
American Otological Society  
American Rhinologic Society  
American Society for Surgery of the Hand Professional Organization  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Pediatric Otolaryngology  
American Society of Retina Specialists  
Congress of Neurological Surgeons  
National Association of Spine Specialists  
Otolaryngology and Allergy Specialists – Integrated Solutions (OASIS)

### **State Medical Associations**

Alaska State Medical Association  
Arizona Medical Association  
Arkansas Medical Society  
Connecticut State Medical Society  
Florida Medical Association  
Hawaii Medical Association  
Illinois State Medical Society  
Iowa Medical Society  
Kansas Medical Society  
Kentucky Medical Association  
Maine Medical Association  
Massachusetts Medical Society  
MedChi, The Maryland State Medical Society  
Medical Society of DC  
Medical Society of Delaware  
Medical Society of the State of New York  
Medical Society of Virginia  
Michigan State Medical Society  
Minnesota Medical Association  
Mississippi State Medical Association  
Missouri State Medical Association  
Montana Medical Association  
Nebraska Medical Association  
North Dakota Medical Association  
Ohio State Medical Association  
South Carolina Medical Association  
South Dakota State Medical Association  
Tennessee Medical Association  
Texas Medical Association  
Vermont Medical Society  
Washington State Medical Association  
West Virginia State Medical Association  
Wisconsin Medical Society

### **State and Local Specialty Societies**

Alabama Society of Otolaryngology – Head and Neck Surgery  
California Otolaryngology Society  
Connecticut Ear, Nose, and Throat Society  
Delaware Academy of Otolaryngology - Head & Neck Surgery  
ENT of Georgia  
Florida Society of Otolaryngology – Head & Neck Surgery  
Georgia Society of Otolaryngology - Head & Neck Surgery  
Greater Miami ENT Society  
Indiana Society of Otolaryngology  
Kansas Society of Otolaryngology - Head and Neck Surgery  
Louisiana Academy of Otolaryngology – Head and Neck Surgery  
Maryland Society of Otolaryngology  
Massachusetts Society of Otolaryngology – Head and Neck Surgery

Memphis Society of Otolaryngology – Head and Neck Surgery  
Michigan Otolaryngological Society  
Minnesota Academy of Otolaryngology  
Mississippi Society of Otolaryngology – Head and Neck Surgery  
Nebraska Academy of Otolaryngology – Head and Neck Surgery  
New York Otologic Society  
New York State Society of Otolaryngology – Head & Neck Surgery  
North Carolina Society of Otolaryngology – Head and Neck Surgery  
Orange County Society for Otolaryngology Head and Neck Surgery  
Pennsylvania Academy of Otolaryngology – Head and Neck Surgery  
Puerto Rico Society of Otolaryngology Head and Neck Surgeons  
San Diego Academy of Otolaryngology  
San Francisco Bay Area ENT Society  
Santa Barbara Otolaryngology Society  
South Carolina Society of Otolaryngology – Head and Neck Surgery  
Texas Association of Otolaryngology  
The Colorado Ear, Nose, and Throat Society  
Tidewater Otolaryngology Society  
Virginia Society of Otolaryngology – Head and Neck Surgery